

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**  
**UTILITY PATENT APPLICATION TRANSMITTAL**

FIRST NAMED INVENTOR OR APPLICATION IDENTIFIER: **Brian B. Lee et al.**  
 TITLE: **MULTI-LEVEL AVERAGING SCHEME FOR ACQUIRING HEMODYNAMIC DATA**

CERTIFICATE UNDER 37 CFR §1.10: I hereby certify that this Utility Patent Application Transmittal and the documents referred to as enclosed therein are being deposited with the United States Postal Service, in an envelope addressed to: Mail Stop Patent Application, Commissioner of Patents, P.O. Box 1450, Alexandria, VA 22313-1450, \*EXPRESS No. EV 331 791 903 US, on this 26<sup>TH</sup> day of November, 2003.

\_\_\_\_\_  
 Paul H. McDewall  
 Printed Name

\_\_\_\_\_  
 Signature

**MAIL STOP PATENT APPLICATION**  
 Commissioner for Patents  
 P.O. Box 1450  
 Alexandria, VA 22313-1450

17497 U.S. PTO  
 10/723364  
 112603

Sir:

We are transmitting herewith the attached:

☒ **Patent Application Transmittal**

☒ **Specification:**

**Total pages: 31** (including claims and abstract: Spec. 25 sheets; Claims 5 sheets; Abstract 1

☒ **Drawings:**

Total sheets: 7

☒ formal ☐ informal

☒ **Combined Declaration and Power of Attorney:**

☒ **Unexecuted**

☐ copy from prior application

☐ Deletion of Inventor(s) - Signed statement attached deleting inventor(s) named in the prior application (37 CFR 1.63(d)(2) and 1.33(b))

☐ Incorporation by Reference - *The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied above is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.*

☒ **Accompanying application parts:**

☐ Notification of filing a

☐ Assignment of the Invention to Medtronic, Inc.

☐ Assignment cover sheet

☐ Information Disclosure Statement

☐ PTO Form 1449

☐ Copies of IDS citations

☐ Preliminary Amendment

☐ A copy of the Petition or Conditional Petition for Extension of Time in the prior application.

☒ Return Postcard

**IF A CONTINUING APPLICATION:**

☐ Continuation ☐ Divisional ☐ Continuation-in-part (CIP) of prior application No. .

☐ Amend the specification by inserting before the first line the sentence: --This application is a of application Serial No. , filed , now allowed.--

☐ Cancel in this application original claims \_\_\_\_ of th prior application befor calculating th filing fee. (At least the original independent claim must be retained for filing purposes.)

☐ The prior application is assigned of record to Medtronic, Inc.

☐ The Power of Attorney in the prior application is to: \_\_.

☐ This application claims the benefit of U.S. Provisional Application(s) Serial No.(s) \_\_\_\_\_, filed \_\_\_\_\_.

X Address all future correspondence to: Paul H. McDowall, Reg. No. 34,873  
Telephone: (763) 514-3351  
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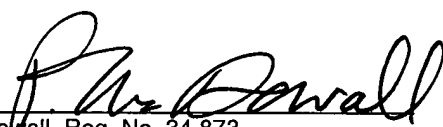
FEE CALCULATION	No. of Claims Filed	Claims Included in Base Fee	No. of Extra Claims	Rate	Fee
Total Claims	30	20	= 10	x 18	180.00
Independent Claims	3	3	= 0	x 86	0
Multiple Dependent Claims			0	+ 290	0
Basic Filing Fee					\$770.00
TOTAL					950.00

X Charge Deposit Account No. 13-2546 in the amount of \$950.00 for the filing fee.

X The Commissioner is hereby authorized to charge any fees which may be required under 37 CFR 1.16 and 1.17, or credit any overpayment to Deposit Account No. 13-2546. A duplicate of this transmittal is enclosed.

Date

26 Nov. 03

  
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